

**Battelle***The Business of Innovation*

Intellectual Property Legal Department  
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Columbus, OH 43201

December / , 2009

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# Fax

**To: USPTO****Fax No: 571-273-8300****Phone No:****Company:****From: C. M. Gegenheimer****Fax No: 614-424-3864****Phone No: 614-424-4293****Total Pages: 7** (Including Lead Sheet)

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OFFICE OF PETITIONS

**Comments:** Request for Change in Entity Status

Patent Number:

Issue Date:

Application Number: 10/020,798

Filed: 11/30/2001

Inventor(s): Cowan, Ada

Title: Stable, Aerosolizable Suspensions of Proteins in Ethanol

Faxed Documents:

Fax Cover Sheet

Transmittal

Correspondence Regarding Correction of Entity Fee Payments

Fee Transmittal (in duplicate)

Credit Card Payment Form

**Certificate of Transmission under 37 CFR 1.8**

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office at (571)273-8300 on December / , 2009.

  
Signature12/1/2009  
Date

Judy Readman

Typed or printed name of person signing Certificate

Document Description: Transmittal Letter

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PTO/SB/21 (07-09)

Approved for use through 07/31/2012. OMB 0851-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE


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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/020,798	
	Filing Date	11/30/2001	
	First Named Inventor	Cowan, Ada	
	Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	7	Attorney Docket Number	22112(2)

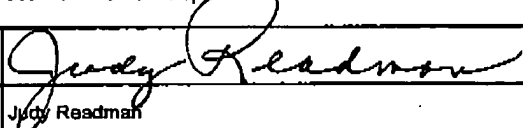
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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet; Letter to Correct Entity Fee Payments; PTO-2038 Credit Card Payment Form
<b>Remarks</b> Fee Transmittal (in duplicate)		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Battelle Memorial Institute		
Signature			
Printed name	C. Michael Gegenheimer		
Date	11/30/07	Reg. No.	33,387

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Signature	
Typed or printed name	Judy Readman
Date	12-1-2009

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Retroactive Change in Entity Status

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PATENT  
RECEIPTS ACCOUNTING  
DIVISION

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

2009 DEC -4 PM 4:32

Applicant/Assignee: Battelle Memorial Institute	
Serial No: 10/020,798	Primary Examiner: Pryor, A.N.
Date Filed: 11/30/2001	Assistant Examiner: RECEIVED
Patent No.:	Inventors: Cowan
Date Issued:	DEC 11 2009
For: Stable, Aerosolizable Suspensions of Proteins in Ethanol	Docket No.: 22112(2) OFFICE OF PETITIONS

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

It has come to our attention that the above-referenced application/patent was prosecuted and maintained in good faith under small entity status, but that such status was established in error. As required under 37 CFR 1.28(c)(1) and (2), this document and the attached payment are submitted as a correction of that error.

Date of Payment	Fee	Amount Paid	Current Fee Amount for Large Entity	Amount Due
11/30/2001	Filing	\$370.00	\$330.00	\$ -40.00
11/30/2001	Search	\$ .00	\$40.00	\$540.00
11/30/2001	Exam	\$ .00	\$220.00	\$220.00
11/30/2001	Excess Total Claims (13)	\$117.00	\$676.00	\$559.00
01/29/2003	3-Month Extension	\$465.00	\$1110.00	\$645.00
11/10/2003	2-Month Extension	\$210.00	\$490.00	\$280.00
12/17/2004	3-Month Extension	\$510.00	\$1110.00	\$600.00
		Total Due		\$2804.00

If there are any questions, please contact the undersigned at 614-424-4293.

12/08/2009 DALLIN 00000034 10020798

01 FC:1461

2804.00 OP

Respectfully submitted,

By: /C. Michael Gegenheimer/

Name: C. Michael Gegenheimer

Reg. No.: 33,387

Date: 11/30/09

DEC 01 2009

PTO/SB/17 (10-06)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2009</b>		<b>Complete if Known</b> Application Number 10/020,798 Filing Date 11/30/2001 First Named Inventor Cowan Examiner Name Art Unit Attorney Docket No. 22112(2)	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		RECEIVED DEC 11 2009 OFFICE OF PETITIONS	
TOTAL AMOUNT OF PAYMENT (\$) 2,804.00			

## METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☐ Deposit Account Deposit Account Number: Deposit Account Name:

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2035.

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Correction to Entity Fee Payments

Fees Paid (\$)

2,804.00

## SUBMITTED BY

Signature	<i>C. Michael Gegenheimer</i>	Registration No. (Attorney/Agent) 33,387	Telephone 614-424-4293
Name (Print/Type)	C. Michael Gegenheimer	Date 11/30/09	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DEC-01-2009 11:13

BATTELLE

DUPLICATE

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614 424 3864

P.06

PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2009**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 2,804.00

## Complete If Known

Application Number	10/020,798
Filing Date	11/30/2009
First Named Inventor	Cowan
Examiner Name	
Art Unit	
Attorney Docket No.	22112(2)

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OFFICE OF PETITIONS

## METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☐ Deposit Account Deposit Account Number: Deposit Account Name:

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
52	26
220	110
390	195

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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Other (e.g., late filing surcharge): Correction to Entity Fee Payments

Fees Paid (\$)

2,804.00

## SUBMITTED BY

Signature	<i>C. Michael Gegenheimer</i>	Registration No. 33,387 (Attorney/Agent)	Telephone 614-424-4293
Name (Print/Type)	C. Michael Gegenheimer		Date 11/30/09

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